MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	09/830300	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	INC	DEP.
1	1		X				61							
2							52							
3							53							
4							54							
5	1						55							
6							56							
7							57							
8			1				58							
9				1			59							
10				1			60							
11				1										
12				1										
13				1										
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25														
26				1										
27				1										
28				1										
29				1										
30				1										
31				1										
32				1										
33			1	1										
34				1										
35				1										
36				1										
37				1										
38				1										
39			2	1										
40				1										
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
TOTAL IND.	2		3											
TOTAL DEP.			20											
TOTAL CLAIMS	5		23											